

RECORD DRAWING per WAC 246-272A-0265

—TO BE COMPLETED BY INSTALLER—

Please use a suitable scale, such as 1 inch = 30 ft. or 1 inch = 50 ft. Measurements and directions must be accurate to +/- 1/2 foot. Please remember to label the items on the drawing.

Please include:

- ☐ Arrow indicating North
- ☐ Property lines, easements, adjacent streets and roads
- ☐ Buildings, driveways and parking areas
- ☐ Water lines and/or wells, including neighbor's wells and abandoned wells
- ☐ Interceptor or curtain drains
- ☐ Surface water, irrigation ditches, drainage ditches
- ☐ Direction of slope
- ☐ Cuts, banks, fills, rock outcrops
- ☐ An area for future drainfield replacement. (Reserve area)
- ☐ Septic tank and drain-field layout, including trench lengths and all tank openings requiring access
- ☐ Attachments as needed: other drawings, details and specifications of pumps, controls and other components. See reverse side of form.

| |
|-----------------|
| CDHD PERMIT #: |
| NAME ON PERMIT: |
| INSTALLED BY: |
| CONTRACTOR: |
| LOCATION: |

Record Drawing: A separate signed & dated drawing may be attached if available. Include all variations from the approved plans.

| | |
|--|------|
| I certify that I completed this sewer system as shown above, and in compliance with the permit specifications and the regulations of the Chelan-Douglas Health District. | |
| Signature, Installer | Date |

| | |
|--------------------------------|------|
| Reviewed and accepted by | |
| Chelan-Douglas Health District | Date |

General:

Septic Tank Make & Model _____

Size: _____ gal.

Depth below finished grade: _____

Outlet filter on septic tank? ☐ No ☐ Yes: Make & Model: _____Were tank(s) water-tested? ☐ No ☐ Yes: Water dropped _____ in. over _____ hours.

Trench width: _____ in. Total Trench Length: _____ ft. Trench depth: _____ in.

Changes from original grade in drainfield area?

☐ No. ☐ Yes: depth removed: _____ in. depth of fill: _____ in.Monitoring ports installed: ☐ No ☐ Yes: (Please show location on drawing)**Pressure Distribution:**

Pump-on time: _____ minutes.

Pump-off time: _____ minutes.

Drawdown: _____ inches.

Pump chamber: Make: _____ Model: _____ Size: _____

Controller: Make: _____ Model: _____

Floats (from top down)

FunctionOffset (from top of tank)

Filter Sand? ☐ No. ☐ Yes. Source: _____

(Attach sieve test or other assurance sand meets WDOH specification.)

Notes and Information:
